



# PRODUCER INFORMATION FORM (PIF)

DATE (MM/DD/YYYY)

PROVIDE ALL APPLICABLE INFORMATION TO AVOID PROCESSING DELAYS

CARRIER: NAIC CODE (if known):

**1. FORM TYPE**

<input type="checkbox"/>	NEW CONTRACT				IF REQUESTING NON-RESIDENT FL APPOINTMENT, LIST COUNTY(IES) (if known):		
<input type="checkbox"/>	NEW APPOINTMENT	LINE OF AUTHORITY / LINE OF BUSINESS					
RESIDENT STATE:	<input type="checkbox"/>	PROPERTY	<input type="checkbox"/>	ACCIDENT, HEALTH & SICKNESS		<input type="checkbox"/>	LTC
	<input type="checkbox"/>	CASUALTY	<input type="checkbox"/>	ANNUITY			<input type="checkbox"/>
	<input type="checkbox"/>	PERSONAL LINES	<input type="checkbox"/>	VARIABLE LIFE	<input type="checkbox"/>	LIMITED LINES	
	<input type="checkbox"/>	LIFE	<input type="checkbox"/>	VARIABLE ANNUITY	<input type="checkbox"/>		
<input type="checkbox"/>	ADDITIONAL APPOINTMENT	STATE(S):					
<input type="checkbox"/>	DEMOGRAPHIC CHANGE						
<input type="checkbox"/>	TERMINATION	TERMINATION DATE (MM/DD/YYYY):		TERMINATION REASON:			

**2. APPOINTMENT INFORMATION**

TYPE OF APPOINTMENT		TYPE OF BUSINESS ENTITY											
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	AGENCY / FIRM	<input type="checkbox"/>	SOLE PROPRIETOR	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	LLC	<input type="checkbox"/>	LLP

**3. FINRA REGISTRATION INFORMATION (if applicable)**

FINRA LICENSED / REGISTERED? (Y / N):	<input type="checkbox"/>	SERIES 6	<input type="checkbox"/>	SERIES 7	<input type="checkbox"/>	SERIES 63	<input type="checkbox"/>	SERIES 65	<input type="checkbox"/>	SERIES 66	<input type="checkbox"/>
FIRM AFFILIATION:	FIRM CRD #:			INDIVIDUAL CRD #:							

**4. E&O POLICY INFORMATION (if applicable)**

POLICY CARRIER:	EFFECTIVE DATE:	POLICY LIMIT (per claim):
POLICY NUMBER:	EXPIRATION DATE:	AGGREGATE:

**5. INDIVIDUAL INFORMATION**

FULL LEGAL NAME	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
CURRENT RESIDENCE ADDRESS (Including County)				BUSINESS MAILING ADDRESS	
BIRTH DATE (MM/DD/YYYY)	NPN #	SOCIAL SECURITY #	BUSINESS PHONE (AC, No, Ext)	BUSINESS FAX (AC, No)	BUSINESS E-MAIL ADDRESS
OTHER NAMES USED					NAME TYPE (Check One)
PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	ALIAS MAIDEN PREVIOUS
					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**6. ASSIGNMENT OF COMMISSION (if applicable)**

<input type="checkbox"/>	AGENCY / FIRM	AGENCY / FIRM PRODUCER CODE (if known)	WRITING AGENT NUMBER (if known)
<input type="checkbox"/>	INDIVIDUAL		

**7. AGENCY / FIRM**

NAME AND ADDRESS	DESIGNATED RESPONSIBLE PRODUCER	NPN # (if applicable)
	LICENSING CONTACT:	
	CONTACT PHONE (A/C, No, Ext):	
MAILING ADDRESS (if different from above)	CONTACT FAX (A/C, No):	
	CONTACT E-MAIL:	
	AGENCY / FIRM NPN #:	FEIN:
	AGENCY / FIRM PRODUCER CODE:	
	AGENCY / FIRM WEBSITE ADDRESS:	

**8. GENERAL AGENT (GA) (if applicable)**

GENERAL AGENT (GA) NAME AND ADDRESS (if applicable)	CONTACT NAME
	CONTACT PHONE (A/C, No, Ext)
	CONTACT FAX (A/C, No):
MAILING ADDRESS (if different from above)	CONTACT E-MAIL
	FEIN

**9. INDIVIDUAL - BACKGROUND QUESTIONS**

**FORM UTILIZES REPRINTED ELEMENTS FROM THE NAIC'S UNIFORM LICENSING APPLICATION PROVIDED WITH PERMISSION FROM THE NAIC. www.naic.org**

<p>The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature. Enter Y for a "YES" response. Enter N for a "NO" response (unless stated otherwise).</p>	<p align="center">Y / N</p>
<p>1a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?</p> <p>You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license</p> <p>You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)</p> <p>1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?</p> <p>You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)</p> <p>If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? (If this question is not applicable, enter N/A)</p> <p>If so, was consent granted? (Attach copy of 1033 consent approved by home state.) (If this question is not applicable, enter N/A)</p> <p>1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?</p> <p><b>NOTE:</b> For Questions 1a, 1b and 1c, "<b>Convicted</b>" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.</p> <p>If you answer "YES" to any of these questions, you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement explaining the circumstances of each incident,</li> <li>b) a copy of the charging document,</li> <li>c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</li> </ul>	<p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p>
<p>2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?</p> <p>"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer "YES", you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement identifying the type of license and explaining the circumstances of each incident,</li> <li>b) a copy of the Notice of Hearing or other document that states the charges and allegations, and</li> <li>c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.</li> </ul>	<p align="center"><input type="checkbox"/></p>
<p>3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.</p> <p>If you answer "YES", submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</p>	<p align="center"><input type="checkbox"/></p>
<p>4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?</p> <p>If you answer "YES", identify the jurisdiction(s): _____</p>	<p align="center"><input type="checkbox"/></p>
<p>5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?</p> <p>If you answer "YES", you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement summarizing the details of each incident,</li> <li>b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and</li> <li>c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.</li> </ul>	<p align="center"><input type="checkbox"/></p>
<p>6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?</p> <p>If you answer "YES", you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and</li> <li>b) copies of all relevant documents.</li> </ul>	<p align="center"><input type="checkbox"/></p>
<p>7. Do you have a child support obligation in arrearage?</p> <p>If you answer "YES",</p> <ul style="list-style-type: none"> <li>a) by how many months are you in arrearage? # MONTHS: _____</li> <li>b) are you currently subject to and in compliance with any repayment agreement?</li> <li>c) are you the subject of a child support related subpoena / warrant?</li> </ul> <p>(If you answered "YES", provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)</p>	<p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p>

**10. BUSINESS ENTITY - BACKGROUND QUESTIONS**

**FORM UTILIZES REPRINTED ELEMENTS FROM THE NAIC'S UNIFORM LICENSING APPLICATION PROVIDED WITH PERMISSION FROM THE NAIC. www.naic.org**

Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature. Enter Y for a "YES" response. Enter N for a "NO" response (unless stated otherwise).

Y / N

1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor?

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court)

1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a felony, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with, committing a felony?

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? (If this question is not applicable, enter N/A)

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) (If this question is not applicable, enter N/A)

1c. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense?

**NOTE:** For Questions 1a, 1b and 1c, "**Convicted**" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine

If you answer "YES" to any of these questions, you must attach to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration?

Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer "YES", you must attach to this application:

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.

If you answer "YES", submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

If you answer "YES", identify the jurisdiction(s): \_\_\_\_\_

5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

If you answer "YES", you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

If you answer "YES", you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

**11. SUPPORTING DOCUMENTS CHECKLIST**

<b>THE FOLLOWING DOCUMENTS (WHERE NOTED AND APPLICABLE) MUST ACCOMPANY THE PIF TO AVOID PROCESSING DELAYS OR CONSIDERED DEFICIENT. CHECKLIST:</b>	
<b>APPLICABLE DOCUMENTS:</b> <input type="checkbox"/> SUPPORTING DOCUMENTS FOR ALL "YES" RESPONSES <input type="checkbox"/> W9 <input type="checkbox"/> ERRORS & OMISSIONS CERTIFICATE <input type="checkbox"/> AGENT AGREEMENT <input type="checkbox"/> AGENCY AGREEMENT <input type="checkbox"/> BUSINESS ASSOCIATE AGREEMENT (BAA) <input type="checkbox"/> COMMISSION AGREEMENT <input type="checkbox"/> EFT BANK INSTRUCTION WITH VOIDED CHECK <input type="checkbox"/> ASSIGNMENTS OF COMMISSIONS	<b>PRODUCT TRAINING CE REQUIREMENTS:</b> <input type="checkbox"/> LTC (8 hr Initial Partnership Training) <input type="checkbox"/> LTC (4 hr Ongoing Training) <input type="checkbox"/> AML (ANTI MONEY LAUNDERING) <input type="checkbox"/> ANNUITY SUITABILITY <input type="checkbox"/> STATE SPECIFIC REQUIREMENTS: <input type="checkbox"/> COMPANY SPECIFIC REQUIREMENTS: <input type="checkbox"/>

**12. REMARKS**

**13. SIGNATURE**

I acknowledge and agree that this Producer Information Form does not constitute a contract of any kind. I further consent to the disclosure of the Producer Information Form and background information to government or regulatory agencies.

I understand that I am obligated to immediately report any event that changes any of the information, in any manner, which I have provided on this application.

I hereby certify that all of the information herein is accurate and complete. Finally, I acknowledge and agree that my appointment will, in part, be based on this Producer Information Form and background information, and any falsification, misrepresentation or omission of information from this form may result in the withholding or withdrawal of any offer of appointment or the revocation of appointment by the Company whenever discovered.

**INDIVIDUAL PRODUCER (if applicable)**

I hereby certify that all of the information submitted in this application and attachments are true and complete.

SIGNATURE	FULL LEGAL NAME (Print or Type)	DATE (MM/DD/YYYY)
-----------	---------------------------------	-------------------

**BUSINESS ENTITY (if applicable)**

On behalf of the business entity, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies that all of the information submitted in this application and attachments are true and complete.

Must be signed by the Agency or Broker / Dealer's Designated Producer

SIGNATURE	FULL LEGAL NAME (Print or Type)	
TITLE		DATE (MM/DD/YYYY)



# BACKGROUND CHECK AUTHORIZATION

DATE (MM/DD/YYYY)

AGENCY

COMPANY / INSURER

NAIC CODE

This authorization is being provided to you by the Company pursuant to the Fair Credit Reporting Act ("FCRA"). As used herein, "the Company" means the identified insurer (the insurer identified on this form) and its subsidiaries, affiliates, officers, employees, agents and representatives.

In connection with determining your eligibility for an insurance agent or producer license and/or your eligibility to be appointed or sponsored as an agent of the Company, and to maintain such license and appointment, in one or more states, the Company will from time to time conduct background checks. Such background checks may include the ordering of "consumer reports" from a "consumer reporting agency". These terms are defined in the FCRA. Additional information concerning the FCRA, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

I hereby authorize the Company and its authorized agents to investigate through or without a consumer reporting agency my background, references, character, past employment, education, criminal or police reports, including those mandated by both public and private organizations and all public records for the purpose of confirming the information contained on this application and/or obtaining other information which may be material to my qualifications for my appointment. I hereby consent to the Company obtaining such information from time to time, as the Company, in its sole discretion, deems necessary.

Subject to applicable state laws, this is a continuing authorization.

**California, Minnesota, and Oklahoma applicants and residents:** I have the right to request a copy of any Report obtained by the Company from a consumer reporting agency by checking the box. (Check only if you wish to receive a copy)

**Minnesota applicants only:** I understand that I may request a complete and accurate disclosure of the nature of any Report obtained by the Company.

**NY applicants only:** I also acknowledge that I have received the attached copy of Article 23A of New York's Correction Law. I further understand that upon request I will be advised if any investigative consumer reports are requested and provided the name and address of the consumer reporting agency, and I may receive a copy of any Report by contacting such agency

**Washington state applicants only:** I understand I have the right to request from the consumer reporting agency a written summary of my rights and remedies under the Washington Fair Credit Reporting Act.

**MA and NJ applicants only:** I have the right to request an investigative consumer report from a consumer reporting agency. If one has been requested, the specific nature and scope of the Report requested will be as follows:

\_\_\_\_\_

\_\_\_\_\_  
Consumer Reporting Agency Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Website Address

APPLICANT'S SIGNATURE

APPLICANT'S FULL LEGAL NAME (Print or Type)

DATE (MM/DD/YYYY)



**DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT (except California)**

DATE (MM/DD/YYYY)

AGENCY

COMPANY / INSURER

NAIC CODE

Please be advised that the \_\_\_\_\_  
Company / Insurer Name  
 may use a consumer reporting agency to obtain a consumer report ("Report") or investigative consumer report as part of its retention process. Further, please be advised that if you are retained, to the extent permitted by law, \_\_\_\_\_  
Company / Insurer Name may obtain further Reports from a consumer reporting agency so as to update, renew, or extend your employment.

Reports provided by a consumer reporting agency may include information regarding your character, general reputation, personal characteristics, mode of living, and credit standing.

If an investigative consumer report is requested, you may request a copy of the federal Fair Credit Reporting Act Summary of rights as well as information regarding the nature and scope of any requested investigative consumer report.



# CALIFORNIA DISCLOSURE OF INTENT TO OBTAIN AN INVESTIGATIVE CONSUMER REPORT

DATE (MM/DD/YYYY)

AGENCY

COMPANY / INSURER

NAIC CODE

The Company / Insurer will be requesting from:

Consumer Reporting Agency Name

Street Address

City

State

Zip Code

Telephone Number

An investigative consumer report for retention purposes. The Consumer Reporting Agency's website address where its privacy policy can be found is:

Website Address

Under California law, the Report(s) requested are considered an investigative consumer report and it may seek information regarding your general reputation, character, personal characteristics, and mode of living.

The specific nature and scope of the investigation sought by the Company / Insurer is as follows:

You have the right to inspect visually the files concerning you maintained by an investigative consumer reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person if you appear in person and furnish proper identification; you are entitled to a copy of the file for a fee not to exceed the actual costs of duplication. You are entitled to be accompanied by one person of your choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if you make a written request, with proper identification, for copies to be sent to a specified addressee. You can also request a summary of the information to be provided by telephone if you make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to you. You further understand that the investigative consumer reporting agency shall provide trained personnel to explain to you any of the information furnished to you; you shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on you. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards.